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FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: October 23, 2006

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TO: Commissioner For Patents Mail Stop Amendment	FAX NO.: 571-273-8300
FROM: Lowell L. Carson	ADMIN. ASST.: Kathleen Spina
APPLN. NO.: 10/720,420	ATTY. DOCKET NO.: NTP-116US
TITLE OF APPLN.: ORGANIC LIGHT-EMITTING DEVICES AND THEIR ENCAPSULATION METHOD AND APPLICATION OF THIS METHOD	
FILING DATE: November 24, 2003	ART UNIT: 2879
FIRST INVENTOR: YONG QIU	CONF. NO.: 5119
TITLE OF DOCUMENT (and List of Attachments): Amendment Response w/Extension of Time.	
Transmittal sheet (1 pg.); Amendment Response (6 pgs.); Request for Three Month Extension of Time (2 pgs)(in duplicate); PTO-2038 (1 pg.)	

Total Number of Pages: 11 (including this form)

COMMENTS

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PTO/SB/21 (09-04) (AW 10/2004)

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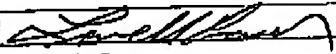
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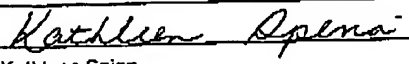
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/720,420
	Filing Date	November 24, 2003
	First Named Inventor	Yong Qiu
	Art Unit	2879
	Examiner Name	Mariceli Santiago
	Attorney Docket No.	NTP-116US
Total Number of Pages in This Submission 11		

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (original & 1 copy) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-FAX COVER SHEET; PTO-2038.
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Lowell L. Carson		
Date	October 23, 2006	Registration No.	48,548

CERTIFICATE OF TRANSMISSION / MAILING			
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Signature		Date	October 23, 2006
Typed or Printed Name	Kathleen Spina		

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